

**2003 DRAFTING REQUEST**

**Bill**

Received: **01/14/2004**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **Sondy Pope-Roberts (608) 266-3520**

By/Representing: **Lori Youngman (aide)**

This file may be shown to any legislator: **NO**

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.PopeRoberts@legis.state.wi.us**

Carbon copy (CC:) to:

---

**Pre Topic:**

No specific pre topic given

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**Topic:**

Relocating Medical Assistance nursing home residents to the community

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**Instructions:**

See Attached

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**Drafting History:**

| <u>Vers.</u> | <u>Drafted</u>         | <u>Reviewed</u>                            | <u>Typed</u>           | <u>Proofed</u> | <u>Submitted</u>     | <u>Jacketed</u>        | <u>Required</u> |
|--------------|------------------------|--|------------------------|----------------|----------------------|------------------------|-----------------|
| /?           | dkennedy<br>02/02/2004 | jdyer<br>02/03/2004<br>jdyer<br>02/04/2004 |                        | _____          |                      |                        | S&L             |
| /1           |                        |  | pgreensl<br>02/04/2004 | _____          | lemery<br>02/04/2004 | sbasford<br>02/23/2004 |                 |

02/23/2004 08:31:14 AM

Page 2

***LRB-4038***

| <u>Vers.</u> | <u>Drafted</u> | <u>Reviewed</u> | <u>Typed</u> | <u>Proofed</u> | <u>Submitted</u> | <u>Jacketed</u> | <u>Required</u> |
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|  |  |  |  | _____ |  | sbasford   |  |
|  |  |  |  | _____ |  | 02/23/2004 |  |

FE Sent For: 02/13/2004.

<END>

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| /?           | dkennedy<br>02/02/2004 | jdyer<br>02/03/2004<br>jdyer<br>02/04/2004 |                        | _____          |                      |                 | S&L             |
| /1           |                        |  | pgreensl<br>02/04/2004 | _____          | lemery<br>02/04/2004 |                 |                 |

Vers.   Drafted   Reviewed   Typed   Proofed   Submitted   Jacketed   Required

FE Sent For:

<END>

02-13-2004

(1/1")

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By Lori Youngman

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|--------------|----------------|-----------------|--------------|----------------|------------------|-----------------|-----------------|
| /?           | dkennedy       | 1/2/4 jld       | 2/4<br>PS    | 2/4<br>Self    |                  |                 |                 |

FE Sent For:

<END>

To: Debra Kennedy

From: Lori Youngman, office of Rep. Pope-Roberts

Date: January 14, 2004

Re: "Life Lease" bill draft

Debra,

This is the bill draft I spoke to you about on the phone. Please call me if you have any questions or need more information 266-3520.

Thank you.

Lori

## The 'Life Lease' Alternative to Institutional Long-term Care

### **What is 'Life Lease'?**

- With a potential March 1, 2004 start date, Life Lease creates cost savings by relocating 240 interested MA nursing home residents to the community by June 30, 2005. Providing care in community rather than institutional settings is generally less costly and preferred by individuals.

### **Why is 'Life Lease' Important?**

- Many nursing home residents want to relocate from nursing homes to the community but cannot due to limited state funding for community based long-term care. However, in general these individuals could be served in the community at a lower cost.
- Individuals generally view community settings as providing a higher quality of life and therefore preferable to institutional settings.
- Community-based long-term care better meets the Administration's goal and the federal policy directive consistent with the Supreme Court decision in the Olmstead case to provide long-term care in the most integrated setting that can be accommodated under current funding levels.
- The Life Lease proposal creates cost savings estimated at \$762,400 GPR by the end of FY 05. On average, the cost of supporting a nursing home resident relocated to the community is about \$30 per day less than the cost of serving the individual in the nursing home.

### **How it works.**

- Life Lease is an expansion of the CIP II program for adults who are elderly and physically disabled. Life Lease offers counties funding equal to the community long-term care costs for individuals who relocate from a nursing home to the community.
- This funding, made available through a transfer of MA nursing home funds to the CIP II program, would be offered to counties without requiring a relocated person's nursing home bed to close. However, counties would not receive a permanent CIP II slot under Life Lease. If the nursing home bed does close, counties could receive a permanent enhanced rate slot under the current CIP II process.
- Life Lease funding would be available for as long as the relocated individual uses community based long-term care. Counties would no longer receive a funding allocation for a person if the person dies or returns to the nursing home. This is the life lease concept. At that point, the funding is moved within the MA budget from community services back to nursing home fee-for-service.
- Counties' Life Lease funding would also be increased each year by the nursing home rate increase to equalize funding streams in community and institutional budgets.
- Individuals are eligible for Life Lease if they are MA eligible, are elderly or physically disabled, have long-term care needs, and have resided in a nursing home for at least 90 days.
- Life Lease is in demand. Counties have contacted the Department about available resources to relocate MA eligible nursing home residents to the community, and counties are ready to work with the Department to make these moves happen.
- To administer this proposal, the Department will use current administrative resources including funding and project staff provided under the recently approved Real Choice Systems Change / Money Follows the Person grant.
- The Department will ensure savings by approving relocations only when sufficient funding is available.

**Draft Statutory Language:**

s. 46.277 (5) (g)

The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, under policies developed by the department if the nursing home bed that was used by the individual is delicensed upon relocation of the individual. The department shall develop and utilize a formula to determine the enhanced reimbursement rates.



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LEGAL FAX: 608 264-6998  
REFERENCE SECTION: 608 266-6981  
REFERENCE FAX: 608 266-6980

### FAX TRANSMITTAL COVER SHEET

(From: LRB-Legal Section-Front Office ... Fax: 608-264-6948)

Date: January 22, 2004 Time: 10:32

Total pages transmitted, including this page: 2

Please Deliver This FAX To: Lori Youngman

Telephone Number: 266-3520

FAX Number: 282-3679

MESSAGE: This is the proposed language  
about which I spoke with you  
this morning.

Senders Name: Debra A. Kennedy

IF THERE ARE ANY PROBLEMS WITH THIS FAX TRANSMITTAL,  
PLEASE CALL (608) 266-3561.  
THANK YOU

171

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REFERENCE FAX: 608 266-6944

### FAX TRANSMITTAL COVER SHEET

(From: LRB-Legal Section-Front Office .. Fax: 608-264-6948)

Date: January 22, 2004 Time: 10:30

Total pages transmitted, including this page: 2

Please Deliver This FAX To: ANNE MILLER

Telephone Number: 266-5422

FAX Number: 267-0358

MESSAGE: This is the language we  
discussed by telephone this  
morning.

Senders Name: Diana A. Kennedy

IF THERE ARE ANY PROBLEMS WITH THIS FAX TRANSMITTAL,  
PLEASE CALL (608) 266-3561.  
THANK YOU

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| HF: Host Fax       | HR: Host Receive      | FM: Forward Mailbox Doc. | WS: Waiting Send       |

## Kennedy, Debora

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**From:** Miller, Anne  
**Sent:** Thursday, January 22, 2004 10:56 AM  
**To:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Gebhart, Neil; Megna, Richard  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Santala, Sinikka; Miller, Rita; Bove, Fredi-Ellen  
**Subject:** LRB - Life Lease Draft Stat Language



LRB Life Lease Stat  
Draft.doc



1 05 04 Life Lease  
Briefing Pa...

Dear All:

Debora Kenedy from LRB has somewhat modified the statutory language draft for the Life Lease proposal. Her concern with our original draft is that it doesn't link Life Lease placements to nursing home bed closures. She feels it is important to reference nursing home bed closures in the creation of Life Lease placements so that Life Lease placements in combination with regular CIP II placements do not exceed total nursing home bed closures. She has very nicely shared her draft with us for our review.

Attached (on the left) is her statutory language draft. If you could please provide me comments by noon on Monday. Also attached (on the right) is the Life Lease briefing paper with our original stat language draft on page 2.

Please feel free to contact me with any questions.

Anne Miller  
DHFS/OSF - Budget  
6-5422

Section #. 46.277 (5) (g) of the statutes, as created by 2003 Wisconsin Act 33, is amended to read:

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, if <sup>a</sup> the nursing home bed ~~that was used by the individual~~ is delicensed upon relocation of the individual. The department shall develop and utilize a formula to determine <sup>and</sup> the enhanced reimbursement rate.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

that may be provided

## Kennedy, Debora

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**From:** Miller, Anne  
**Sent:** Thursday, January 22, 2004 11:53 AM  
**To:** Kennedy, Debora  
**Cc:** Anderson, Irene; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Smith, Janice; Bove, Fredi-  
Ellen; Forsaith, Andrew; Megna, Richard  
**Subject:** Fwd: Re: LRB - Life Lease Draft Stat Language

Hi Debora:

I've already gotten one response to your draft language. I'm forwarding this comment to you because I think it raises a good point. I don't think the intent was to be more restrictive for Life Lease placements than the current CIP II requirements, but perhaps the language does this? What are your thoughts?

Anne Miller  
DHFS/OSF - Budget  
6-5422

-----Original Message-----

Date: 01/22/2004 11:14 am -0600 (Thursday)  
From: Donna McDowell  
To: Anderson, Irene; Bove, Fredi-Ellen; Forsaith, Andrew; Hron,  
Sharon; Kelly, Lisa; Megna, Richard; Miller, Anne; Smith,  
Janice  
Subject: Re: LRB - Life Lease Draft Stat Language

The problem as I see it is the time frame. Thousands of beds were delicensed last year for which we got no CIP slots. Does this language mean that only beds delicensed after July 2003 can be counted for these purposes? Does it have to be in the same fiscal year? Does the delicense have to occur before or after the relocation? Can the department decide? It always sounds tidy, but it doesn't work this way. Delicensing beds is a corporate decision; real people move based on when there is community support available. It is pretty impossible to coordinate within the same fiscal year. So how do we interpret this?

Donna McDowell, Director  
Bureau of Aging & Long Term Care Resources  
(608) 266-3840  
MCDOWDB@dhfs.state.wi.us

>>> Anne Miller 01/22/04 10:56AM >>>  
Dear All:

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Anne Miller  
DHFS/OSF - Budget  
6-5422

## Kennedy, Debora

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**From:** Santala, Sinikka  
**Sent:** Friday, January 23, 2004 10:57 AM  
**To:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Gebhart, Neil; Megna, Richard; Miller, Anne  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Miller, Rita; Bove, Fredi-  
Ellen  
**Subject:** Re: LRB - Life Lease Draft Stat Language

This proposal destroys the Life Lease concept. The main point was that there are no requirements for bed closure. I heard support from the nursing home industry for this concept and I am positive we will not get that support if the bed requirement is included.

Also, the whole Life Lease concept was that a person can go back to the nursing home bed if needed.

Tell Debra no to this huge change.

>>> Anne Miller 01/22/04 10:56AM >>>  
Dear All:

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Anne Miller  
DHFS/OSF - Budget  
6-5422

## Kennedy, Debora

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**From:** Gebhart, Neil  
**Sent:** Friday, January 23, 2004 4:54 PM  
**To:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Santala, Sinikka; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Megna, Richard; Miller, Anne  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Miller, Rita; Bove, Fredi- Ellen  
**Subject:** Re: LRB - Life Lease Draft Stat Language



life lease draft.doc

I, too, found the redraft inconsistent with the Life Lease concept, at least as I understand it. I attempted a re-draft, which unfortunately got long and convoluted. The results are attached. I included some of the surrounding provisions of 46.277 to provide context. A few notes:

1. I assumed that the addition of life lease participants might cause the total # of delicensed beds to be exceeded, and that the dept wanted to permit that. That's the reason for all the "except as provided in sub. (4)(c)" passages. If I'm wrong on this score, we could simplify the draft considerably.
2. The change in the language relating to delicensure from "as part of a plan submitted by the facility and approved by the department" to "on and after the effective date of the program" I made simply because I thought it better reflected reality, and I was tinkering with the language in the vicinity relating to delicensed beds anyway. It's not essential to do this.
3. I'm also assuming that while an individual is on CIP II based on Life Lease, the nursing home is not prohibited from filling the bed, but MA will not pay for any services provided in that bed. If this assumption is incorrect, we'll need to fix this.
4. Regardless whether the nursing home is prohibited from filling the bed or just won't be paid by MA for it, we'll probably also need to make some changes to chs. 49 and/or 50.

>>> Sinikka Santala 01/23/04 10:57AM >>>

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>>> Anne Miller 01/22/04 10:56AM >>>

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Please feel free to contact me with any questions.

Anne Miller  
DHFS/OSF - Budget  
6-5422



46.277 Community integration program for persons relocated or meeting reimbursable levels of care.

(1) Legislative intent. The intent of the program under this section is to provide home or community-based care to serve in a noninstitutional community setting a person who meets eligibility requirements under 42 USC 1396n (c) and is relocated from an institution other than a state center for the developmentally disabled or meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, except that the number of persons who receive home or community-based care under this section is not intended to exceed, except as provided in sub. (4) (c), the number of nursing home beds that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department. The intent of the program is also that counties use all existing services for providing care under this section, including those services currently provided by counties.

(1m) Definitions. In this section:

(a) "Delicensed" means deducted from the number of beds stated on a facility's license under s. 50.03 (4) (e). ~~"Medical assistance" means aid provided under subch. IV of ch. 49, except s. 49.468.~~

(am) "Medical assistance" means aid provided under subch. IV of ch. 49, except s. 49.468. ~~"Plan submitted by the facility" means an individual relocation plan under s. 50.03 (14).~~

(at) "Private nonprofit agency" has the meaning specified in s. 46.27 (1) (bm).

(b) "Program" means the community integration program for which a waiver has been received under sub. (2).

(2) Departmental powers and duties. The department may request a waiver from the secretary of the federal department of health and human services, under 42 USC 1396n (c), authorizing the department to serve medical assistance recipients, who meet the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, in their communities by providing home or community-based services as part of medical assistance.

Except as provided in sub. (4) (c), the The number of persons for whom the waiver is requested may not exceed the number of nursing home beds that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department. If the department requests a waiver, it shall include all assurances required under 42 USC 1396n (c) (2) in its request. If the department receives this waiver, it may request one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall perform the following duties:

\* \* \*

(3) County participation.

(a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to county participation in this program, except that services provided in the program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility who meets the level of care requirements for medical assistance reimbursement to that facility rather than for care provided at a state center for the developmentally disabled. Except as provided in sub. (4) (c), the The number of persons who receive services provided by the program under this paragraph may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department.

(b) 1. If the provision of services under this section results in a decrease in the statewide nursing home bed limit under s. 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all or part of the facility that is approved by the department.

2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department.

\* \* \*

(4) Eligibility of residents.

(a) Any medical assistance recipient who meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility is eligible to participate in the program, except that the number of participants may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department. Such a recipient may apply, or any person may apply on behalf of such a recipient, for participation in the program. Section 46.275 (4) (b) applies to participation in the program.

(b) To the extent authorized under 42 USC 1396n, if a person discontinues participation in the program, a medical assistance recipient may, subject to sub. (4) (c), participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed on and after the effective date of the program as part of a plan submitted by the facility and approved by the department.

(c) [Title] *Life Lease*. A person who relocates to the community under this this paragraph on or after [Revisor inserts effective date] may participate in the program under this section even if the person's participation in the program would cause the total number of participants in the program to exceed the number of beds delicensed on and after the effective date of the program. From the date the person relocates to the community under this section until the date the person returns to the facility, is determined no longer to qualify for the level of care provided by the facility, or dies, whichever is earliest, both of the following apply:

1. Funding is available for services under this section for the person in the community.

2. Payment may not be made under s. 49.45 to the facility for services provided to an individual who occupies the bed vacated by the person who relocated to the community under this paragraph.

(5) Funding.

(a) The provisions of s. 46.275 (5) (a), (b) 1. to 4. and 6. and (d) apply to funding received by counties under the program.

(b) Total funding to counties under the program may not exceed the amount approved in the waiver received under sub. (2).

\* \* \*

(g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, if the nursing home bed that was used by the individual is delicensed upon relocation of the individual or if sub. (4) (c) applies. The department shall develop and utilize a formula to determine the enhanced reimbursement rate.

(5g) Limitations on service.

(a) Except as provided in sub. (4) (c), the The number of persons served under this section may not exceed the number of nursing home beds that are delicensed on and after the effective date of the program ~~as part of a plan submitted by the facility and approved by the department.~~

(b) This section does not apply to the delicensure of a bed of an institution for mental diseases of an individual who is aged 21 to 64, who has a primary diagnosis of mental illness and who otherwise meets the requirements of s. 46.266 (1) (a), (b) or (c).

\* \* \*

## Kennedy, Debora

---

**From:** Miller, Anne  
**Sent:** Monday, January 26, 2004 10:24 AM  
**To:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Santala, Sinikka; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Gebhart, Neil; Megna, Richard  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Miller, Rita; Bove, Fredi- Ellen  
**Subject:** Re: LRB - Life Lease Draft Stat Language

Hi Neil!

Thanks for this work!

I think your and Sinikka's comments suggest a new but consistent way of approaching Life Lease; so I talked with Andy and Richard a little bit and I think there are two ways we can approach Life Lease: 1) Life Lease as a CIP program or 2) Life Lease as essentially a new program not bound by the CIP delicensing requirements. I think there are good arguments for either approach.

As a CIP program, Life Lease placements could not exceed the total number of delicensed beds, but from what I understand there are thousands of delicensed beds for which we did not get CIP placements, so effectively we won't bump up against a limit. This approach would be more consistent with the briefing paper which describes Life Lease as a CIP program. To achieve this, perhaps we should slightly change Debora's language to eliminate the clause "upon relocation of the individual."

The other approach would be to go with your language, define Life Lease as essentially a new program and exempt it from the CIP delicensing requirement. This approach, as Sinikka pointed out, makes Life Lease more consistent as a concept. Since we're arguing that Life Lease recipients may have to return to the nursing home, we don't want to require nursing homes to close beds.

Whichever way you and DDES want to go is fine with me. According to Andy we can go with either approach and retain compliance with the federal waivers.

One note, our original draft language was meant to allow the Department to: 1) provide counties with a permanent CIP II slot at an enhanced rate if a nursing home bed was closed after a relocation and 2) provide Life Lease slots to counties at variable rates and not require the bed to close behind the person. Counties have specifically requested that the Department retain the language that provides them with an enhanced CIP II slot for relocations where the bed closes. If we go with the second approach and define Life Lease as a non-CIP program, we need to make sure we retain the current (5) (g) language.

Also, I don't think Life Lease would need to address MA payments at nursing homes (your assumption #3). I know that this was a concept that we talked about in the budget process, but I think it was dropped when we began developing Life Lease as a concept to forward outside of the budget. Please let me know if you think not including your assumption #3 is problematic.

Any other comments and concerns are welcome.

Anne Miller  
DHFS/OSF - Budget  
6-5422

>>> Neil Gebhart 01/23/04 04:54PM >>>

I, too, found the redraft inconsistent with the Life Lease concept, at least as I understand it. I attempted a re-draft, which unfortunately got long and convoluted. The results are attached. I included some of the surrounding provisions of 46.277 to provide context. A few notes:

1. I assumed that the addition of life lease participants might cause the total # of delicensed beds to be exceeded, and that the dept wanted to permit that. That's the reason for all the "except as provided in sub. (4)(c)" passages. If I'm wrong on this score, we could simplify the draft considerably.

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3. I'm also assuming that while an individual is on CIP II based on Life Lease, the nursing home is not prohibited from filling the bed, but MA will not pay for any services provided in that bed. If this assumption is incorrect, we'll need to fix this.

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>>> Sinikka Santala 01/23/04 10:57AM >>>

This proposal destroys the Life Lease concept. The main point was that there are no requirements for bed closure. I heard support from the nursing home industry for this concept and I am positive we will not get that support if the bed requirement is included.

Also, the whole Life Lease concept was that a person can go back to the nursing home bed if needed.

Tell Debra no to this huge change.

>>> Anne Miller 01/22/04 10:56AM >>>

Dear All:

Debora Kenedy from LRB has somewhat modified the statutory language draft for the Life Lease proposal. Her concern with our original draft is that it doesn't link Life Lease placements to nursing home bed closures. She feels it is important to reference nursing home bed closures in the creation of Life Lease placements so that Life Lease placements in combination with regular CIP II placements do not exceed total nursing home bed closures. She has very nicely shared her draft with us for our review.

Attached (on the left) is her statutory language draft. If you could please provide me comments by noon on Monday. Also attached (on the right) is the Life Lease briefing paper with our original stat language draft on page 2.

Please feel free to contact me with any questions.

Anne Miller  
DHFS/OSF - Budget  
6-5422

## Kennedy, Debora

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**From:** Frye, Judith  
**Sent:** Monday, January 26, 2004 12:17 PM  
**To:** Anderson, Irene; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Santala, Sinikka; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Gebhart, Neil; Megna, Richard; Miller, Anne  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Miller, Rita; Bove, Fredi- Ellen  
**Subject:** Re: LRB - Life Lease Draft Stat Language

I think we need to be careful about two things. First, from the federal point of view it needs to be a CIP program because that's the waiver under which we will serve these people in the community.

Second, my concern about Neil's draft was the language that says that the nursing home couldn't fill the bed that the Life Lease individual had vacated - couldn't receive an MA payment for a person in that bed. That would imply that we would forever link the community person's name to a bed in the facility and allow the mattress to become moldy in his or her absence. The concept of tracking bed by bed and reimbursing accordingly is unworkable. I think we are assuming that the demand for nursing home placements is unlikely to cause many vacated beds to be refilled. With excess capacity more beds could be occupied today. I see no reason to track individual beds. We will, of course, monitor nursing home utilization to be sure we're achieving the anticipated savings in the Life Lease initiative.

>>> Anne Miller 01/26/04 10:24AM >>>  
Hi Neil!

Thanks for this work!

I think your and Sinikka's comments suggest a new but consistent way of approaching Life Lease; so I talked with Andy and Richard a little bit and I think there are two ways we can approach Life Lease: 1) Life Lease as a CIP program or 2) Life Lease as essentially a new program not bound by the CIP delicensing requirements. I think there are good arguments for either approach.

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Anne Miller  
DHFS/OSF - Budget  
6-5422

>>> Neil Gebhart 01/23/04 04:54PM >>>

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1. I assumed that the addition of life lease participants might cause the total # of delicensed beds to be exceeded, and that the dept wanted to permit that. That's the reason for all the "except as provided in sub. (4)(c)" passages. If I'm wrong on this score, we could simplify the draft considerably.
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Anne Miller  
DHFS/OSF - Budget  
6-5422

## Kennedy, Debora

---

**From:** McDowell, Donna  
**Sent:** Monday, January 26, 2004 2:42 PM  
**To:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; Santala, Sinikka; Smith, Janice; Handrich, Peggy; Forsaith, Andrew; Gebhart, Neil; Megna, Richard; Miller, Anne  
**Cc:** Kennedy, Debora; Barnum, Elizabeth; Huffer, Linda; McCann, Linda; Miller, Rita; Bove, Fredi- Ellen  
**Subject:** Re: LRB - Life Lease Draft Stat Language

We don't think it is a good idea to tie these slots to a number of beds that close after this program starts, since thousands of beds have already closed and continue to close, and all we're looking at is that the trend of bed closings continues. This money follows the person and returns to the nursing home budget after the person leaves the program, so it shouldn't be contingent on beds closing in that particular time frame. If a bed closes and the person who occupied that bed is relocated, under the current CIPII, the money goes with the person and remains in the permanent base of the program. Under Life Lease, the money is a kind of loan, to be returned when no longer in use.

Donna McDowell, Director  
Bureau of Aging & Long Term Care Resources  
(608) 266-3840  
MCDOWDB@dhfs.state.wi.us

>>> Neil Gebhart 01/23/04 04:54PM >>>

I, too, found the redraft inconsistent with the Life Lease concept, at least as I understand it. I attempted a re-draft, which unfortunately got long and convoluted. The results are attached. I included some of the surrounding provisions of 46.277 to provide context. A few notes:

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Please feel free to contact me with any questions.

Anne Miller  
DHFS/OSF - Budget  
6-5422

## Kennedy, Debora

---

**From:** on behalf of Debora Kennedy  
**To:** Miller, Anne  
**Subject:** RE: Bed Delicensure and the Federal Waiver

That sounds fine; thank you for making the effort you have to ensure that this will not cause a federal problem and will work. I'll wait to hear from you or Neil.

-----Original Message-----

From: Miller, Anne  
Sent: Monday, January 26, 2004 3:53 PM  
To: Kennedy, Debora  
Subject: Bed Delicensure and the Federal Waiver

Hi Debora!

I talked to Irene Anderson and Neil Gebhart and both of them confirmed that the federal waiver under which we operate CIP II (i.e. the COP waiver) does not require beds to be closed.

Irene gave me some history on the waiver. At the start of the waiver, over 20 years ago, waiver funding was only available for relocated individuals and beds were required to close. This older requirement is probably why the state statutes are filled with bed closure limits. However, around 1988, the federal waiver cost-neutrality requirements changed to allow both relocations and diversions to participate in the waiver, and the bed closure requirement was lifted. Around 1995, the federal waiver cost-neutrality requirements were further expanded. The requirement that limited the program to relocations and diversions was lifted.

Because the federal waiver does not require beds to close, Neil will modify his draft language to define Life Lease as a CIP program but exempts it from the CIP delicensure requirements. We'll send it around the Department first, get comments and consensus, and then send it over to you. Is this ok? I figured that it was better for us to take a first shot at defining the program and it would save you from our internal process. But please just let me know if you want to draft something yourself.

Anne Miller  
DHFS/OSF- Budget  
6-5422

## Kennedy, Debora

---

**From:** Miller, Anne  
**Sent:** Friday, January 30, 2004 11:47 AM  
**To:** Kennedy, Debora  
**Cc:** Anderson, Irene; Frye, Judith; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Smith, Janice; Handrich, Peggy; Lund, C. David; Bove, Fredi-Ellen; Forsaith, Andrew; Gebhart, Neil; Megna, Richard  
**Subject:** Life Lease Statutory Language Draft



life lease draft  
final.doc

Dear Debora:

Attached is a draft of the Life Lease Statutory Language for your review. You can probably tell from the draft that Neil worked on this version. This draft more explicitly defines and describes the Life Lease program within the CIP program. Let me know what you think, and please feel free to contact me with any questions.

Anne Miller  
DHFS/OSF - Budget  
6-5422

46.277 Community integration program for persons relocated or meeting reimbursable levels of care.

(1) Legislative intent. The intent of the program under this section is to provide home or community-based care to serve in a noninstitutional community setting a person who meets eligibility requirements under 42 USC 1396n (c) and is relocated from an institution other than a state center for the developmentally disabled or meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, except that the number of persons who receive home or community-based care under this section is not intended to exceed, except as provided in sub. (4) (c), the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. The intent of the program is also that counties use all existing services for providing care under this section, including those services currently provided by counties.

(1m) Definitions. In this section:

(a) "Delicensed" means deducted from the number of beds stated on a facility's license under s. 50.03 (4) (e). ~~"Medical assistance" means aid provided under subch. IV of ch. 49, except s. 49.468.~~

(am) "Medical assistance" means aid provided under subch. IV of ch. 49, except s. 49.468. ~~"Plan submitted by the facility" means an individual relocation plan under s. 50.03 (14).~~

\* \* \*

(2) Departmental powers and duties. The department may request a waiver from the secretary of the federal department of health and human services, under 42 USC 1396n (c), authorizing the department to serve medical assistance recipients, who meet the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, in their communities by providing home or community-based services as part of medical assistance. Except as provided in sub. (4) (c), the ~~The~~ number of persons for whom the waiver is requested may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. If the department requests a waiver, it shall include all assurances required under 42 USC 1396n (c) (2) in its request. If the department receives this waiver, it may request one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall perform the following duties:

\* \* \*

(3) County participation. (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to county participation in this program, except that services provided in the program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility who meets the level of care requirements for medical assistance reimbursement to that facility rather than for care provided at a state center for the developmentally disabled. Except as provided in sub. (4) (c), the The number of persons who receive services provided by the program under this paragraph may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

(b) 1. If the provision of services under this section results in a decrease in the statewide nursing home bed limit under s. 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all or part of the facility that is approved by the department.

2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

\* \* \*

(4) Eligibility of residents. (a) Any medical assistance recipient who meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility is eligible to participate in the program, except that the number of participants may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department. Such a recipient may apply, or any person may apply on behalf of such a recipient, for participation in the program. Section 46.275 (4) (b) applies to participation in the program.

(b) To the extent authorized under 42 USC 1396n, if a person discontinues participation in the program, a medical assistance recipient may, subject to sub. (4) (c), participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

(c) [Title] *Life Lease*. The department may provide funding under this section for services for an individual who relocates from a facility to the community under this paragraph, from the date the person relocates through the date the person for any reason discontinues participation in the program under this paragraph or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. Notwithstanding par. (b), if an individual discontinues participation in the program under this paragraph, another medical assistance recipient who does not relocate from a facility may not participate in the program in place of the individual. Funding for all medical assistance costs for all individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for these individuals if they were served in a facility. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section, including either of the following:

1. The maximum number of participants in the program under this section assumed in establishing the amount of funds appropriated for medical assistance in the biennial budget act.
2. The total number of beds delicensed as part of a plan submitted by facilities and approved by the department.

\* \* \*

(g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, if the nursing home bed that was used by the individual is delicensed upon relocation of the individual or if the individual is relocated under sub. (4) (c). The department shall develop and utilize a formula to determine the enhanced reimbursement rate.

\* \* \*

(5g) Limitations on service. (a) Except as provided in sub. (4) (c), the ~~The~~ number of persons served under this section may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department.

\* \* \*



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(1) Legislative intent. The intent of the program under this section is to provide home or community-based care to serve in a noninstitutional community setting a person who meets eligibility requirements under 42 USC 1396n (c) and is relocated from an institution other than a state center for the developmentally disabled or meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, except that the number of persons who receive home or community-based care under this section is not intended to exceed, except as provided in sub. (4) (c), the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. The intent of the program is also that counties use all existing services for providing care under this section, including those services currently provided by counties.

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RN; 46.277 (1m) (a); 46.277 (1m) (ak)  
CR; 46.277 (1m) (ag).  
\*\*\* Delicensed

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2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, except as provided in sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

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~~except that sub. (4) (c)~~

beginning  
on the date of the relocation and  
ending on the date that the  
indiv.

(4) (c) [Title] *Life Lease*. The department may provide funding under this section for services for an individual who relocates from a facility to the community under this paragraph, ~~from the date the person relocates through the date the person for any reason discontinues~~ participation in the program under this paragraph or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. ~~Notwithstanding par (b), if an individual discontinues participation in the program under this paragraph, another medical assistance recipient who does not relocate from a facility may not participate in the program in place of the individual.~~ Funding for ~~all~~ medical assistance costs for all individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for these individuals if they were served in a facility. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section, including either of the following:

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\*\*\*

Notes from conversation w/ Anne Miller  
of DAFS 2/2/04



BY WEDNESDAY, if possible

State of Wisconsin  
2003 - 2004 LEGISLATURE

LRB-4038/1

DAK:.....

D-NOTE

JLC

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

Gen

- 1 AN ACT ...; relating to: provision of home and community-based services under  
2 a community integration program to persons relocated from facilities, during  
3 the period of the relocation.

*Analysis by the Legislative Reference Bureau*

Currently, the Department of Health and Family Services (DHFS) administers a Community Integration Program (commonly known as "CIP II"), under which Medical Assistance (MA) moneys are paid to counties to provide home and community-based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA-reimbursed nursing home care or are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. Under 2003 Wisconsin Act 33 (the biennial budget act), DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county after July 16, 2003, if the nursing home bed used by the person is delicensed upon the person's relocation.

This bill authorizes DHFS to provide CIP II funding for home and community-based services to MA-eligible person who relocates from a facility to the community. Reimbursement is not conditioned on delicensure of a nursing home bed upon the person's relocation. The funding begins on the date of the relocation and ends on the date that the person discontinues program participation or no longer meets the level of care requirements for MA reimbursement in a nursing home. Funding in the aggregate for these relocated persons may not exceed the total MA

\* costs for the persons if served in nursing homes. DHFS may provide an enhanced reimbursement rate for the services. The total number of persons who may participate in this particular aspect of CIP II is not restricted by limitations on numbers participating in the remainder of ~~the~~ CIP II ~~number~~.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1           **SECTION 1.** 46.277 (1) <sup>✓</sup> of the statutes is amended to read:

2           46.277 (1) LEGISLATIVE INTENT. The intent of the program under this section is  
3           to provide home or community-based care to serve in a noninstitutional community  
4           setting a person who meets eligibility requirements under 42 USC 1396n (c) and is  
5           relocated from an institution other than a state center for the developmentally  
6           disabled or meets the level of care requirements for medical assistance  
7           reimbursement in a skilled nursing facility or an intermediate care facility, except  
8           that the number of persons who receive home or community-based care under this  
9           section is not intended, other than under sub. (4) (c) <sup>✓</sup>, to exceed the number of nursing  
10          home beds that are delicensed as part of a plan submitted by the facility and  
11          approved by the department. The intent of the program is also that counties use all  
12          existing services for providing care under this section, including those services  
13          currently provided by counties.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

14          **SECTION 2.** 46.277 (1m) (a) <sup>✓</sup> of the statutes is renumbered 46.277 (1m) <sup>✓</sup> (ak).

15          **SECTION 3.** 46.277 (1m) (ag) <sup>✓</sup> of the statutes is created to read:

16          46.277 (1m) (ag) "Delicensed" means deducted from the number of beds stated  
17          on a facility's license, as specified under s. <sup>✓</sup> 50.03 (4) (e).

18          **SECTION 4.** 46.277 (2) (intro.) <sup>✓</sup> of the statutes is amended to read:

1           46.277 (2) DEPARTMENTAL POWERS AND DUTIES. (intro.) The department may  
2     request a waiver from the secretary of the federal department of health and human  
3     services, under 42 USC 1396n (c), authorizing the department to serve medical  
4     assistance recipients, who meet the level of care requirements for medical assistance  
5     reimbursement in a skilled nursing facility or an intermediate care facility, in their  
6     communities by providing home or community-based services as part of medical  
7     assistance. ~~The~~ Except under sub. (4) (c), the number of persons for whom the waiver  
8     is requested may not exceed the number of nursing home beds that are delicensed  
9     as part of a plan submitted by the facility and approved by the department. If the  
10    department requests a waiver, it shall include all assurances required under 42 USC  
11    1396n (c) (2) in its request. If the department receives this waiver, it may request  
12    one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall  
13    perform the following duties:

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

14           **SECTION 5.** 46.277 (3) (a) of the statutes is amended to read:

15           46.277 (3) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to  
16    county participation in this program, except that services provided in the program  
17    shall substitute for care provided a person in a skilled nursing facility or  
18    intermediate care facility who meets the level of care requirements for medical  
19    assistance reimbursement to that facility rather than for care provided at a state  
20    center for the developmentally disabled. ~~The~~ Except in sub. (4) (c), the number of  
21    persons who receive services provided by the program under this paragraph may not  
22    exceed the number of nursing home beds, other than beds specified in sub. (5g) (b),

1 that are delicensed as part of a plan submitted by the facility and approved by the  
2 department.

**History:** 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

3 **SECTION 6.** 46.277 (3) (b) 1. of the statutes is amended to read:

4 46.277 (3) (b) 1. If Except under sub. (4) (c), if the provision of services under  
5 this section results in a decrease in the statewide nursing home bed limit under s.  
6 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all  
7 or part of the facility that is approved by the department.

**History:** 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

8 **SECTION 7.** 46.277 (3) (b) 2. of the statutes is amended to read:

9 46.277 (3) (b) 2. Each county department participating in the program shall  
10 provide home or community-based care to persons eligible under this section, except  
11 that the number of persons who receive home or community-based care under this  
12 section may not exceed, other than under sub. (4) (c), the number of nursing home  
13 beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan  
14 submitted by the facility and approved by the department.

**History:** 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

15 **SECTION 8.** 46.277 (4) (a) of the statutes is amended to read:

16 46.277 (4) (a) Any medical assistance recipient who meets the level of care  
17 requirements for medical assistance reimbursement in a skilled nursing facility or  
18 intermediate care facility is eligible to participate in the program, except that the  
19 number of participants may not exceed, other than under par. (c), the number of  
20 nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as  
21 part of a plan submitted by the facility and approved by the department. Such a  
22 recipient may apply, or any person may apply on behalf of such a recipient, for

1 participation in the program. Section 46.275 (4) (b) applies to participation in the  
2 program.

**History:** 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

3 **SECTION 9.** 46.277 (4) (b) of the statutes is amended to read:

4 46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under  
5 par. (c), if a person discontinues participation in the program, a medical assistance  
6 recipient may participate in the program in place of the participant who discontinues  
7 if that recipient meets the level of care requirements for medical assistance  
8 reimbursement in a skilled nursing facility or intermediate care facility, except that  
9 the number of participants may not exceed the number of nursing home beds, other  
10 than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted  
11 by the facility and approved by the department.

**History:** 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

12 **SECTION 10.** 46.277 (4) (c) of the statutes is created to read:

13 46.277 (4) (c) The department may, under this paragraph, provide funding  
14 under this section for services for a medical assistance recipient who relocates from  
15 a facility to the community, beginning on the date of the relocation and ending on the  
16 date that the individual discontinues participation in the program or no longer meets  
17 the level of care requirements for medical assistance reimbursement in a skilled  
18 nursing facility or an intermediate care facility. Funding for medical assistance costs  
19 for individuals relocated under this paragraph may not exceed, in the aggregate,  
20 total medical assistance costs for the individuals if served in facilities. The total  
21 number of individuals who may participate in the program under this paragraph is  
22 not restricted by any otherwise applicable limitation on the number of individuals  
23 who may participate in the program under this section.



1           **SECTION 11.** 46.277 (5) (g) of the statutes, as created by 2003 Wisconsin Act 33,  
2 is amended to read:

3           46.277 (5) (g) The department may provide enhanced reimbursement for  
4 services provided under this section to an individual who is relocated to the  
5 community from a nursing home by a county department on or after July 26, 2003,  
6 if the nursing home bed that was used by the individual is delicensed upon relocation  
7 of the individual or if the individual is relocated under sub. (4) (c). The department  
8 shall develop and utilize a formula to determine the enhanced reimbursement rate.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

9           **SECTION 12.** 46.277 (5g) (a) of the statutes is amended to read:

10           46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served  
11 under this section may not exceed the number of nursing home beds that are  
12 delicensed as part of a plan submitted by the facility and approved by the  
13 department.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33.

14           (END)

D-NOTE

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-4038/dn

DAK:.....

jld

To Lori Youngman:

I would appreciate it if you would provide a copy of this draft to Anne Miller of the DHFS budget office, for review.

Please let me know if you have questions about or need further assistance with this draft.

Debora A. Kennedy  
Managing Attorney  
Phone: (608) 266-0137  
E-mail: debora.kennedy@legis.state.wi.us

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-4038/1dn  
DAK:jld:pg

February 4, 2004

To Lori Youngman:

I would appreciate it if you would provide a copy of this draft to Anne Miller of the DHFS budget office, for review.

Please let me know if you have questions about or need further assistance with this draft.

Debora A. Kennedy  
Managing Attorney  
Phone: (608) 266-0137  
E-mail: debora.kennedy@legis.state.wi.us

## Kennedy, Debora

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**From:** Miller, Anne  
**Sent:** Thursday, February 05, 2004 2:16 PM  
**To:** Gebhart, Neil  
**Cc:** Kennedy, Debora; Anderson, Irene; Hron, Sharon; Kelly, Lisa; McDowell, Donna; Bove, Fredi-  
Ellen; Megna, Richard  
**Subject:** Question about the Life Lease Statutory Draft



03-40381.pdf

Hi Neil:

Sharon Hron was drafting the numbered memo for Life Lease and realized that there is no explicit definition of "facility" in the draft Life Lease stat language (attached). She is concerned that the language could imply a definition of facility as under s. 50.01 (1m). This is not the definition of facility that we want. Life Lease is meant for individuals who relocated from facilities as defined under s. 50.01 (3).

What are your thoughts? Should the language be modified to specify the definition of facility as under s. 50.01 (3)? Or do you think the language is ok as is?

Anne Miller  
DHFS/OSF- Budget  
6-5422

## Kennedy, Debora

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**From:** Miller, Anne  
**Sent:** Tuesday, February 10, 2004 2:28 PM  
**To:** Youngman, Lori  
**Cc:** Kennedy, Debora; Anderson, Irene; Frye, Judith; Hron, Sharon; Huffer, Linda; Kelly, Lisa; McDowell, Donna; Handrich, Peggy; Lund, C. David; Bove, Fredi-Ellen; Forsaith, Andrew; Gebhart, Neil; Megna, Richard  
**Subject:** RE: Life Lease bill draft

Lori:

Yes, the draft is fine.

Thank you,

Anne Miller  
DHFS/OSF-Budget  
266-5422

>>> Youngman, Lori 02/10/04 09:32AM >>>  
Anne,

Does the draft look ok?

Lori Youngman  
Office of Rep. Sindy Pope-Roberts  
240 North, State Capitol  
608-266-3520

-----Original Message-----

**From:** Miller, Anne  
**Sent:** Wednesday, February 04, 2004 1:08 PM  
**To:** Youngman, Lori  
**Subject:** Re: Life Lease bill draft

Thank you, Lori, for forwarding the draft Life Lease statutory language to us.

Anne Miller  
DHFS/OSF - Budget  
6-5422

>>> Youngman, Lori 02/04/04 01:04PM >>>

Lori Youngman  
Office of Rep. Sindy Pope-Roberts  
240 North, State Capitol  
608-266-3520

**Basford, Sarah**

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**From:** Youngman, Lori  
**Sent:** Monday, February 23, 2004 8:18 AM  
**To:** LRB.Legal  
**Subject:** Draft review: LRB 03-4038/1 Topic: Relocating Medical Assistance nursing home residents to the community

It has been requested by <Youngman, Lori> that the following draft be jacketed for the ASSEMBLY:

Draft review: LRB 03-4038/1 Topic: Relocating Medical Assistance nursing home residents to the community

# Memo

To: Senator ☐ Representative ☒

**Pope - Roberts**

(The Draft's Requester)

Per your request: ... the attached fiscal estimate was prepared for your unIntroduced 2003 draft.

LRB Number: LRB **-4038**

Version: **" / 1 "**

Fiscal Estimate Prepared By: (agency abbr.) **DHFS**

If you have questions about the enclosed fiscal estimate, you may contact the state agency representative that prepared the fiscal estimate. If you disagree with the enclosed fiscal estimate, please contact the LRB drafter of your proposal to discuss your options under the fiscal estimate procedure.

Entered In Computer And Copy Sent To Requester Via E-Mail: **02 / 19 / 2004**

\* \* \* \* \*

To: LRB - Legal Section PA's

Subject: *Fiscal Estimate Received For An Unintroduced Draft*

> **If redrafted** ... please insert this cover sheet and attached early fiscal estimate into the drafting file ... after the draft's old version (the version that this fiscal estimate was based on), and before the markup of the draft on the updated version.

> **If introduced** ... and the version of the attached fiscal estimate is for a **previous version** ... please insert this cover sheet and attached early fiscal estimate into the drafting file ... after the draft's old version (the version that this fiscal estimate was based on), and before the markup of the draft on the updated version. Have Mike (or Lynn) get the ball rolling on getting a fiscal estimate prepared for the introduced version.

> **If introduced** ... and the version of the attached fiscal estimate is for the **current version** ... please write the draft's introduction number below and give to Mike (or Lynn) to process.

THIS DRAFT WAS INTRODUCED AS: 2003 **AB-920**

**Barman, Mike**

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**From:** Barman, Mike  
**Sent:** Thursday, February 19, 2004 9:17 AM  
**To:** Rep.Pope-Roberts; Youngman, Lori  
**Subject:** LRB 03-4038/1 (FE by DHFS - attached - for your review)

**Importance:** High



FE\_Pope-Roberts.p  
df